send him another assistant, "Any fool would be an improvement," he roared.

In engaging another he gave the following advice, "Claude Bernard was the greatest physiologist that ever lived. He knew what it takes to make a good research man and summed it up in two words, curiosity and ignorance. One of these qualities you have in superlative degree. Prove the other and we will get along famously."

The romance of his life of research and teaching involves the close friendship of his mentors, Dr. H. Newell Martin, Sir Michael Foster and Carl Ludwig, of his confreres on the faculty of Johns Hopkins and at Ann Arbor and his devotion to a devoted wife. It involves his seeking for health at Saranac with Trudeau and in the climate of the mountains while practicing medicine and teaching in Colorado. It involves his fiery personality and genius as a physiologist and as a driving and inspiring teacher.

His experiments with snake venom in 1887 marked the advance from the purely bacteriological concept of immunology, the use of attenuated bacilli, to the new field of biochemical research and antitoxins. He was followed by Calmette, and by von Behring and Roux, Kolle and Wassermann.

For those who enjoy the contemplation of the life of a sturdy character moving among men making medical history at a time when modern medical science was rapidly coming into full bloom—a story well told—this book may well be recommended.

SEGMENTAL NEURALGIA IN PAINFUL SYNDROMES. By Bernard Judovich, B.S., M.D., and William Bates, B.S., M.D. Foreword by Joseph C. Yaskin, M.D. Second Edition. 178 Illustrations. 320 Pages. F. A. Davis Company, Philadelphia, Publishers. 1946. Price $5.00.

The second edition of this book on the segmental neuralgias confirms the good results obtained by nerve blocks with the ammonium salts as well as with the 2 per cent procaine or with the two anesthetics in one solution.

The pitcher plant distillate is replaced by its active principle, ammonium chloride or sulfate, which acts on the sensory nerves relieving neuralgic pain without change in skin sensation and having no effect upon motor nerves. It has no effect on pain which originates from muscles, ligaments, tendons, blood vessels and sympathetic ganglia and fibers.

This book covers in particular the intercostal neuralgias and abdominal wall neuralgias which have at times simulated the pain of visceral disease. Unless one determines the type of pain and tenderness in the patient, needless and useless operations may be performed for a segmental neuralgia which might be due to toxic absorption, poor posture, trauma, arthritis of the spine or malignant metastases, and which may be relieved by physical therapy, postural corrective exercises and nerve blocks.

In attempting to cover the field of pain relieved by nerve blocks, trigeminal neuralgia is included. Chapter 13 on herpes zoster reports good results in the acute phase by paravertebral nerve block, but no real relief of pain in the chronic cases. Although the authors suggest that changes take place in the sympathetic ganglia in the chronic cases, they have not attempted to give relief, as others have, by sympathetic blockage.

The technique for infiltration of the anterior scalene muscle is an improvement and fairly safe.

The illustrations are helpful and make this book of value to everyone troubled with the not too infrequent problem of determining the origin of pain and its proper treatment.

WHAT IS HEART DISEASE. By W. H. Gordon, M.D., F.A.C.P., Diplomate of the American Board of Internal Medicine, Head of Medical Section, Lubbock Memorial Hospital and Clinic, Lubbock, Texas. Grune & Stratton, New York. 1946. Price $2.50.

The author has a sound, optimistic approach to the problem of presenting heart disease to the patient. The generally reassuring tone is constructive because patients who take the time to read popular medical books are usually the most anxious ones. The book consists of nine chapters containing brief discussions of various cardiac problems, and encyclopedia-like definitions of some terms used in cardiology.

The author is to be complimented for his clear-cut, understandable and well-illustrated presentations of the function of the normal and abnormal heart. The last chapter: "Symptoms erroneously thought to indicate heart disease" is excellent. One may question, however, the need for including in the presentation some rare forms of heart disease, or such subjects as history taking, physical examination, or description of cardiac sounds and murmurs. One regrets also that so little space is devoted to various aspects of management of a patient with heart disease, the understanding of which makes the task of the physician, and the patient's life, easier.

On the whole, the book will be found interesting by a patient who merely wants to know more what his doctor is talking about. It will be somewhat of a disappointment to the thoughtful patient who wants guidance in how to cooperate with his physician.

MONGOLISM AND CRETINISM. By Clemens E. Benda, M.D., Director, Wallace Research Laboratory for the Study of Mental Deficiency, Wrentham, Mass., Instructor in Neuropathology, Harvard Medical School, Assistant in Psychiatry, Massachusetts General Hospital, Lecturer, Postgraduate Seminar, Massachusetts Department of Mental Health. Copyright 1946. Grune & Stratton, New York. Price $6.50.

Benda describes mongolism as "pituitary cretinism" due to congenital hypopituitarism and calls the condition acromicria. The opposite of mongolism is acromegaly. His thesis is based upon the pathology of the pituitary gland suggesting its deficiency and he states that all endocrine glands show the effect of this. Twelve per cent of mongols have a cretinoid condition of the thyroid gland and in the other 88 per cent the thyroid stagnates although it seems fit for some normal function. Mongolism is an experiment by nature to produce humans without adequate endocrine function. The mongol brain with its mental deficiency is the result of chronic anoxemia or hypoglycemia. Benda recommends therapy with thyrotropic and thyroid hormones among the other usual procedures. There is a chapter on the relation of mongolism to the mother's pre-natal condition and some theoretical remarks on prevention.

Benda constantly contrasts and compares mongolism with cretinism. He states that the latter is not due primarily to thyroid deficiency and that the thyroid disease only occurs in the course of a general degeneration. He feels that the brain pathology of cretinism is a metabolic defect produced by anoxia.

There are good clinical and pathological descriptions of mongolism. These should be checked by other pathologists, as the findings are somewhat different from previously reported autopsies.

This book is recommended for those dealing with mongolism, particularly pediatric neuropsychiatrists, pathologists and institutional workers.